

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

FILED

15 DEC 31 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 996000017577

1. Corporation Name

Souls, INC.

2. Principal Office Address - No P.O. Box #

9271 Little River Blvd

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33147

Country

U.S.A.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

02/96

5. FEI Number

65-0650263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Vivian D. Whitehead

Street Address (P.O. Box Number is Not Acceptable)

9271 Little River Blvd.

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33147

800280546438
01/04/16--01008--027 **\$300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Vivian D. Whitehead

REGISTERED AGENT MUST SIGN

Date

12/31/15

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>Pres.</u>	<u>Vivian D. Whitehead</u>	<u>9271 Little River Blvd.</u>	<u>Miami, FL 33147</u>

REINSTATEMENT

DEC 31 2015

R. HUNT

10. E-mail Address:

Soulsinc@aol.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Vivian D. Whitehead

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.31.15

Date

305.693.3335

Daytime Phone #